

FILED MAY 11 1953

STANDARD CERTIFICATE OF DEATH

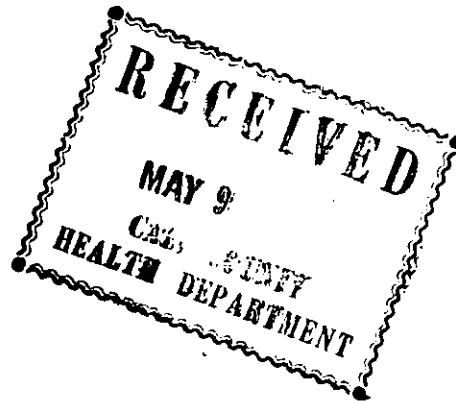
State File No. 13545

BIRTH NO. 0658 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grandriver. 0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5 M. S.E. of Freeman.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gordon</u> b. (Middle) <u>Craig</u> c. (Last) <u>Ford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 4 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 4 - 1953</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Harrisonville Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Robert Ford</u>	
13b. MOTHER'S MAIDEN NAME <u>Jewel D. Good</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>7625</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert Ford</u>		ADDRESS <u>Archie, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY ATLECTASIS</u> ANTECEDENT CAUSES <u>Prematurity</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>None</u>		22. I hereby certify that I attended the deceased from <u>MAY 4</u> , 19 <u>53</u> , to <u>MAY 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>MAY 4</u> , 19 <u>53</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>OTB Barger M.D.</u>		23b. ADDRESS <u>Harrisonville Mo</u>	
23c. DATE SIGNED <u>5 May 53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 5 - 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery Freeman Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Chapman Bros</u>	
DATE REC'D BY LOCAL REG. <u>May 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Nora Barman</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

Not embalmed

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.